



Provider Focus



November 2003

A monthly update focusing on your needs.

In this issue:

- ▶ Update on October claims status (Page 2)
- ▶ Description of improvements to PA Letters (Page 3)
- ▶ Recap of Medicare Crossover Pricing policy (Page 3)
- ▶ Changes to the auto assignment process (Page 4)
- ▶ Specific instructions for provider written correspondence (Page 5)
- ▶ Review of specific reimbursement rates for bilateral procedures (Page 6)
- ▶ Details about how ACS researches returned remittance advices (Page 7)
- ▶ Overview of Health Check outreach program (Page 8)

Message from ACS

This is the third **Provider Focus** edition that we have published since I joined the Georgia Health Partnership in July. Since I arrived, we have made steady progress toward resolving your issues and moving toward a stable operating environment. I understand that challenges remain, and ACS remains committed to meeting those challenges.

I have had the opportunity to meet with many individual providers and provider groups. Each of you has shared your concerns and the issues that specifically affect your category of service. From these discussions, three common problem areas have emerged: web portal stability, year-end financial reconciliation and claims payment. I would like to briefly update you on our progress to resolve these issues.

Web Portal Stability

The extensive functionality of the web portal is a source of pride for DCH and ACS. On a recent site visit, the staff from the Centers for Medicare and Medicaid Services (CMS) expressed approval and were

very impressed with the functionality and content of the web portal.

ACS has invested significant financial and human resources into resolving web portal stability issues. Our original estimates of the number of providers who would use the web portal were greatly exceeded by the number who actually use this technology every day. The overwhelming response to embrace the technology has prompted ACS to invest in more robust hardware and more efficient software applications. Because new hardware and software must be installed without interruption to current service, the process requires extensive planning, exhaustive testing and flawless execution. ACS is in the final stages of testing the software and hardware upgrades as specified in our web portal improvement and stability plan. You should see an improvement in transaction response times and "uptime" stability by the end of November.

(Continued on Page 2, see "Message From ACS")



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH



Georgia

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Message from ACS

(Continued from page 1)



Financial Reconciliation Process

ACS is acutely aware of the need to create accurate 1099s.

To ensure that you can reconcile your calendar-year (CY) 2003 payments, we have taken several actions. First, we mailed over 18,000 financial reconciliation packages to payee providers. These packages included a detailed summary of all payments from ACS to date in CY 2003. It also included a worksheet to help you reconcile payments you have received. Used in conjunction with your remittance advices, payee provider reports and rendering provider activity reports, the financial reconciliation information will provide a complete accounting of all payments you have received for the year.

In addition, we have added support staff to help you address your financial reconciliation issues. Sixteen new financial customer service representatives (CSRs) have been trained to address your issues. You can reach them by calling 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free) and requesting to speak to a financial CSR.

Claims Payment Improvements

In this issue, you will see claims statistics that validate the improvements made to claims payment. The most significant change since the last edition of the **Provider Focus** is the beginning of mass adjustment processing. This function is activated when system issues are resolved enabling the

automatic reprocessing of claims that were previously denied in error. This function often eliminates action required on your part to get claims reprocessed for payment. When these adjustments process for payment, you will see the original denied claims presented along with the adjusted claims. This will allow you to accurately post the payment for the original claim submission.

In conclusion, I would like to thank you for your continued support. I especially thank several organizations that have worked closely with us to improve provider satisfaction. All of these organizations have either visited our facility in Atlanta or I have visited them personally. They are working hard to ensure that their members benefit from issues being addressed in a timely manner.

- Georgia Alliance of Community Hospitals
- Georgia Community Support and Solutions
- Georgia Dental Association
- Georgia Dental Society
- Georgia Hospital Association
- HomeTown Health
- Medical Association of Georgia
- Georgia Nursing Home Association
- Georgia Academy of Pediatrics

I hope you enjoy the Thanksgiving holiday.

Sincerely,

Stephen A. Smith

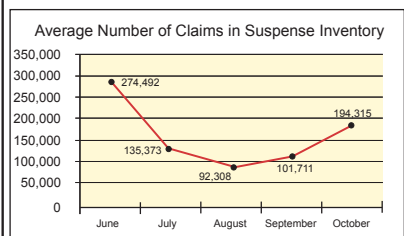
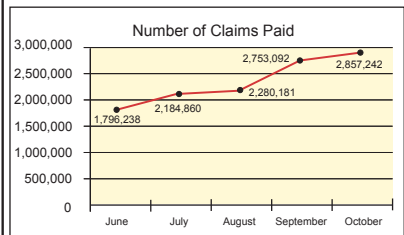
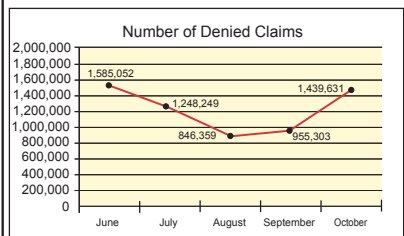
Managing Director

Georgia Health Partnership ▲



October Claims Status Update

Claims payments continued to rise during the months of September and October because of corrections to the Medicaid system and mass reprocessing of claims. Also, the number of denied and suspended claims rose over the last two months for similar reasons. Many of the auto-Medicare crossover tapes were processed during these months. Because many providers previously submitted their crossover claims either electronically or via the web, many of the auto-crossovers are correctly posting exception 6101, exact duplicate. We also reprocessed many claims that originally denied or paid incorrectly because of a past system error. We will continue this effort of mass reprocessing through the next few months. Please review the banner messages for updated information about mass adjustments. ▲



Improvements to PA Letters

In an effort to reduce the amount of mail you receive, ACS changed the format of prior authorization letters and the way they are bundled for delivery. These changes took effect on November 7, 2003.

Previously, you received all prior authorization letters separately. Now, ACS bundles each day's prior authorization letters in a single envelope. If you submit several prior authorizations, this will reduce the number of envelopes you receive.

In response to your feedback, ACS has also made the following improvements to the formatting of the prior authorization letters:

- Added member name
- Changed the format to allow multiple patient approvals or denials to be listed on one letter
- Updated the decision and denial reason codes

We value your input and welcome any further suggestions you may have to streamline the prior authorization process. ▲

Financial Reconciliation Package Mailed to Providers

Some providers have asked for help reconciling their financial data. ACS has responded by creating financial reconciliation packages. ACS mailed these packages to providers from October 17, 2003 through November 7, 2003. The packages included:

1. Payment Summary Report
 - All financial transactions plus the accounts receivable balance as recorded in the claims payment system
 - The remittance advice number with supporting details
 - Year-to-date taxable income amount to be reported to the IRS (1099)
2. Payment Summary Definitions

3. Payment Summary Worksheet
If you have questions regarding financial reconciliation, call the Provider Inquiry Unit at

404-298-1228 (metro Atlanta) or 800-766-4456 (toll free).

You will be transferred to a special financial unit staffed with accountants ready to assist you. ▲



December Training in Macon

On December 8, 2003 the following training workshops are being offered at the Macon Holiday Inn Conference Center on Riverside Drive off of I-75:

Topic	Time
Provider Update	9:00 a.m. - Noon
	1:30 p.m. - 4:30 p.m.
Independent Care Waiver Program	8:00 a.m. - 5:00 p.m.

Medicare Crossover Pricing

In response to numerous questions regarding Medicare Crossover claims pricing, the Department of Community Health's (DCH) pricing policy for all crossover claims is described below. This will help you reconcile your billed charges to what ACS has paid.

DCH policy is that the Medicare paid amount is compared to the Medicaid allowed charge for the service. If Medicare's payment exceeds the allowed charges for the Medicaid program, a payment of

zero is issued. If the allowed charge by the Medicaid program exceeds the payment issued by Medicare, payment will be the lesser of:

- Deductible and co-insurance amount,
Or
- The difference between Medicare's payment and Medicaid's allowed charge

ACS uses this method for processing all Medicare crossover claims with dates of service from October 1, 2000 to the present. This includes

claims submitted on paper by Medicare intermediaries, via the web and through electronic means. Section 302.6 of the *Part I Policies and Procedures for Medicaid/ PeachCare for Kids* describes this coordination of benefits policy.

Note: Paper claims submitted to EDS were not subjected to this methodology because the Title XIX invoice did not capture the claims data required to use this formula. ▲

Auto Assignment Process

Georgia Better Health Care (GBHC) uses an automated process to assign eligible Medicaid and PeachCare for Kids members to GBHC primary care physicians (PCPs). The criteria for this assignment include a member's (or family member's) previous history with a PCP, gender, age and geographic proximity to the provider. Members are notified of PCP assignments and given a list of providers within their service area to review (if they wish to select a different PCP). Members may request a PCP change within the first 90 days of enrollment or initial PCP assignment, and up to every six months thereafter.

The Department of Community Health contracts with primary care physicians who agree to:

- Offer and coordinate all health care services (including referrals for necessary specialty services)
 - Maintain 24-hour availability to members
 - Be available in the office to provide general medical care for a minimum of thirty hours per week for primary care services
- PCPs receive a \$2.00 monthly case management fee per member for coordinating health care services,

whether or not they see the member that month. When services are rendered, providers are reimbursed on a fee-for-service basis according to the regular Medicaid fee schedule.

Many GBHC providers have asked about the loss of existing members or gain of new members not previously assigned to their practice. To close a GBHC practice to new members and become an established patients only (EPO) practice, submit written notification to GBHC. This does not prohibit reassignment of established patients who lose and then regain Medicaid eligibility. The system reassigns members to EPO practices based on EPO relationship and related claims history (including case management fees). This enhancement to our new system is in response to EPO provider complaints regarding the loss of long-standing members.

Auto Assignment Statistic for the Month of November

Over 330,000 members were auto assigned on October 24, 2003, for the month of November. The last auto assignment occurred November 5, 2003, for the month of December. All future assignments will run at the beginning of each month to auto assign for the next month. ▲

We Welcome Your Feedback

We are dedicated to making the **Provider Focus** a useful tool for you. If you have any comments or suggestions for the newsletter, please contact us at

GA.comm.dept@acs-inc.com.

If you have any other comments, please send them to

GHP_Public@acs-inc.com. ▲

Verifying Member Eligibility

You are responsible for verifying member eligibility. Neither the appearance of a member's name on the roster nor the possession of a Medicaid card guarantees eligibility or assignment to a specific PCP. You should verify eligibility through the web portal, interactive voice response system (IVR) or by speaking to a customer service representative at the CIC before providing services to a member. ▲

Accessing DCH Policy Manuals

To access Medicaid policy manuals and the new *Medicaid Secondary Claims User Guide* on the GHP Web Portal, follow these steps:

1. Go to the GHP Web Portal (www.ghp.georgia.gov).
2. Click the **Provider Information** tab.
3. In the Medicaid Provider Manuals box, click the **View Full List** link.

4. Find the manual you wish to view from the alphabetical listing and click on the title.

DCH policy manuals are released quarterly (January 1, April 1, July 1 and October 1) on an as-needed basis and are posted to the GHP Web Portal approximately one week prior to release. A notice about updates for

the next quarter will appear in the **Provider Focus** preceding the release of revised manuals.

If you do not have web access, contact the Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free) and ask to have a copy mailed to your office. ▲

Recommended PC Specifications for Using the GHP Web Portal

Some of you have asked for clarification regarding recommended system specifications for better web portal performance. In initial training sessions, ACS indicated that you needed Internet connectivity plus Internet Explorer 5.0 (or higher) or Netscape 4.7.2 (or higher) to use the GHP Web Portal. The GHP Web Portal functions best when you use the basic specifications below.

Hardware Recommendations

- Windows 2000 with Service Pack 3 or Windows XP with Service Pack 1
- 1 GHz processor or higher
- 128 MB memory or higher

- 10 GB hard drive or higher
- 10 Megabit PCI Ethernet Network Interface Card (if your workstation is on a local area network)

Note: Most new systems exceed these requirements.

Software Recommendations

- Windows Internet Explorer version 5.0 or higher, or Netscape version 4.7.2 or higher
 - 128 Bit Encryption
 - 1.2.2 JVM Level
- Applications for downloading from Message Center

- Adobe Acrobat Reader 5.0
- Microsoft Excel 2000 or later
- Microsoft Word 2000 or later

Communications Recommendations

These specifications have a direct impact on the speed at which pages will be displayed. ACS recommends that you use a DSL or a similar high-speed connection. Please consult your local Internet service provider for the Internet connectivity speeds in your area.

If you have questions, please send them to

GHP_Public@acs-inc.com. ▲

Provider Written Correspondence Process

For timely and accurate responses to your questions about claims, ACS encourages you to contact the Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free). However, if you have an inquiry that requires additional research or you need to send accompanying documentation with an inquiry, please use the DMA-520 Provider Inquiry form. For your convenience, the DMA-520 form is available online at **www.ghp.georgia.gov**. It can be located by taking the following steps:



1. On the home page, click the **Provider Information** tab. The Provider Information page appears.
2. From the Documents and Forms box in the bottom-right corner of the screen, click the **View Full List** link. The Documents and Forms page appears.
3. Click the **DMA-520: Provider Inquiry Form** link.

When submitting the DMA-520 form, you can help ensure that it receives a prompt response by:

- Placing the DMA-520 form on top of any supporting attachments
- Sending it to the correct post office box:
ACS
P. O. Box 5000
McRae, GA 31055

Or

Fax to 866-483-1044



If you submitted a written provider inquiry between April 1, 2003 and August 31, 2003 and have not received a response, do not resubmit your inquiry. Instead, contact the Provider Inquiry Unit. We can quickly verify receipt of your original inquiry when you provide the following information to the customer service representative:

- Provider ID
- Member ID
- Dates of service
- Transaction Control Number ▲

Reimbursement Rates for Bilateral Procedures

To eliminate problems when filing claims for bilateral procedures, please see the policy below.

If identical bilateral procedures are performed during the same operative session, these reimbursement rules will be used:

- Payment for the first procedure will be the lesser of the submitted charge or 100 percent of the allowed amount.
- Payment for the second procedure will be the lesser of the submitted charge or 50 percent of the allowed amount.

If an all-inclusive code does not exist, bill the procedure code with a "50" modifier on one line and indicate one unit of service. Using the "50" modifier ensures correct payment for both procedures using the one code.

However, if an all-inclusive bilateral procedure code is available, you will be reimbursed the lesser of the submitted charge or 100 percent of the allowed amount.

If you need further clarification, please call the Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free). ▲

Ninety Day Referral Window

Effective April 1, 2003, the Georgia Better Health Care (GBHC) referral process changed. The new process generates a unique 12-digit referral number, which is valid for up to 90 days. When the change went into effect, ACS encouraged GBHC providers to use the new referral process, but also accepted referral information submitted through the old authorization method. The change was applicable to Medicaid or PeachCare for Kids members who participate in GBHC. It also impacted GBHC providers and specialists.

Effective October 1, 2003, GBHC made a formal policy change establishing the new GBHC referral process as the only method to obtain referrals. For dates of service after October 1, 2003, you must have a new, 12-digit referral number. The old authorization numbers are no longer accepted for any dates of service after this date.

A referral generated by a primary care physician (PCP) is valid for 90 days. If a specialist is unable to schedule the patient within 90 days, the specialist must contact the referring PCP and request a new referral that covers the date of the appointment. If more patient visits are required beyond the initial referral authorized by the PCP, the specialist is responsible for requesting another referral from the PCP. ▲



Training for Provider Inquiry Unit

ACS is committed to proactive, ongoing customer service representative (CSR) training initiatives. Since September 2003, ACS has focused on call center training activities that include skill-based and provider category of service training. CSRs attended sessions to receive additional instruction on the following Medicaid topics:

- Understanding Medicaid
- Durable Medical Equipment/Orthotics and Prosthetics
- Georgia Better Health Care (GBHC)
- Hospital Services
- Nursing Home Services
- Health Check
- Home Health Services

CSRs also attended refresher training sessions on the following topics:

- Remittance advices
- GBHC referral process changes
- Claims research
- Medicare crossovers and coordination of benefits

ACS hopes you notice an improvement in the caliber of response you receive. Further training will be conducted as needs are identified.

Additionally, all CSRs will be required to attend training for the following topics. We anticipate this training will be complete by mid-December 2003.

- Explanation of a denied claim
- General questions about policy and procedure
- Inquiries regarding accurate claims submission

Thank you for your patience as we strive to meet your needs. ▲

Submitting Attachments

ACS still receives some claim attachments without the required information. To help you submit attachments effectively, follow these guidelines.

If you submit claims...	Then...
Electronically or through the web portal	Mail attachments with the Transaction Control Number (TCN)* to ACS P.O. Box 5000 McRae, GA 31055 Or Fax attachments with the TCN to 866-483-1044
By mail	Place the attachment** underneath the claim and send to ACS P.O. Box 5000 McRae, GA 31055 ▲

* When submitting claims electronically or through the web portal, submit all required attachments to ACS within 30 days of the electronic claim submission. If the TCN is not written on top of the attachment, it cannot be linked to the claim appropriately. As a result, ACS will deny claims after 30 days.

** If an attachment applies to more than one claim, include a copy of the attachment for each claim. ACS denies claims received without required attachments.



How to Register for Training

You can register for any provider training seminar by using our online registration web site:

www.time2reg.com/reg/ghpconferences/secure/Default.asp.

We strongly recommend that you register in advance to ensure that adequate space and training material are available. ▲

Staff Dedicated to Researching Returned RAs

Although ACS mails more than 13,000 paper remittance advices (RAs) and processes more than 3,300 electronic 835 RA requests each week, some of you are concerned about RAs that were never received. Our initial research revealed a growing problem with "undeliverable" or "returned" paper RAs. To address your concerns, we assigned a team to research the accuracy of mailing addresses on remittance advice envelopes that are returned by the post office.

To establish correct addresses, ACS compares current provider payee addresses on file to the returned mail addresses. If the addresses match, ACS phones providers (if a number is listed in the system) to verify the mailing address.

If you have changed your billing information, please complete and submit a W-9 form with the corrected payee address. Once received, Provider Enrollment will make the appropriate changes in the system. This will ensure that you receive future RAs without delay.

You can check your addresses in the system by clicking the **My Workspace** tab on the GHP Web Portal and clicking the **View Account Information** link located in the Account Information box. If the address is not correct, complete and submit an updated W-9 form.

The W-9 form and instructions are available on the GHP Web Portal. To access the form and instructions, follow these steps:

1. Go to the GHP Web Portal (**www.ghp.georgia.gov**).
2. Click the **Provider Information** tab.
3. In the Documents and Forms box, click the **View Full List** link.
4. Select the W-9 form or instructions from the list.

If you have not heard from ACS and your provider payee address changes, send a completed W-9 form to

ACS Provider Enrollment
P. O. Box 88030
Atlanta, GA 30356

RAs are also available through the GHP Web Portal. If you are not registered and would like to receive RAs through the web portal, submit a written request to Provider Enrollment at the above address. Only registered providers can access this information. ▲

ACS Health Check Outreach Program Confirms Member Appointments

What is Health Check?

Health Check is Georgia's "well child" or preventive health care program. It is the early and periodic screening (EPS) component of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. Health Check covers:

- Medicaid-eligible children (birth to 21 years of age)
- PeachCare for Kids eligible children (birth to 18 years of age)

What does the Health Check Unit at the Customer Interaction Center do?

ACS is committed to an aggressive outbound calling program that reminds members of appointments and encourages them to schedule screening or follow-up visits. The Health Check staff is currently making the following calls to:



- Health Check participants who have not had a Health Check medical screening within 120 days of the due date, based on the state-defined periodicity schedule. (Chapter 900 of the *Health Check Policies and Procedures Manual*.)

- Newly eligible members, no later than 60 days after identifying that the child is eligible for Medicaid or PeachCare for Kids. During this call, the ACS representative explains the benefits of Health Check services.

ACS encourages you to keep the web portal appointment tracking system current for your Health Check members. As a result, some of the benefits you will realize include a decreased potential for "no-shows" and greater preventive health compliance for your GBHC members.

For more information on Georgia's Health Check program, go to www.ghp.georgia.gov or contact the Provider Inquiry Unit at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free). ▲

Reaching ACS

Type of Inquiry/ Action Needed	Telephone	E-mail / Web	Fax	Mailing Address
General inquiry/question (including claims questions)	404-298-1228 (metro Atlanta) 1-800-766-4456 (toll free)	GHP_Public@acs-inc.com www.ghp.georgia.gov Click Contact Us	1-866-483-1044 For written correspondence and DMA 292 requests only	P.O. Box 5000 McRae, GA 30155-5000
Provider enrollment	404-298-1228 (metro Atlanta) 1-800-766-4456 (toll free)	www.ghp.georgia.gov	N/A	P.O. Box 88030 Atlanta, GA 30356
Claims submission	N/A	www.ghp.georgia.gov	1-866-483-1044 For claim attachments only (Claims that are faxed will be returned to the provider)	P.O. Box 5000 McRae, GA 30155-5000
Prior authorizations	404-298-1228 (metro Atlanta) 1-800-766-4456 (toll free)	www.ghp.georgia.gov	N/A	P.O. Box 7000 McRae, GA 30155-7000
EDI Gateway	1-800-987-6715	www.acs-gcro.com	1-850-386-1177	2324 Killearn Center Blvd. Tallahassee, FL 32309
Provider training course registration	1-877-660-2080	www.time2reg.com/ghpconferences	N/A	N/A